Testimony of the Alliance for Children's Mental Health (ACMH)
Before the Education Committee
February 26, 2018

IN SUPPORT OF:

SB 183, *An Act Implementing the Recommendations of the Department of Education*

Good afternoon Senator Slossberg, Senator Boucher, Representative Fleishman, and members of the Education Committee, my name is Susan Kelley, and I am Director of the Alliance for Children's Mental Health (ACMH) (formerly, KTP Children's Committee). ACMH is an independent statewide policy and advocacy group that focuses solely on children's mental health issues, including the critical overlap of mental health with child-serving systems such as education, child welfare, and juvenile justice in Connecticut. Through our collective voice, we advocate for smart policy and better outcomes for all children in the state. I am testifying today in support of SB 183.

ACMH supports SB 183 and its clarification of the terms "restraint", "seclusion", and "exclusionary timeout" and prohibits seclusion from being a planned intervention in a student's treatment or education plan, including an Individualized Education Program or IEP.

In 2015, Connecticut prohibited physical restraint and seclusion in schools except "as an emergency intervention to prevent imminent injury to the student or others." *(Connecticut General Statutes, Section10-236b(b) and (d)).* This prohibition was enacted not only because children deserve better but also to stop hurting and traumatizing our most vulnerable children, *such as those with mental health/emotional and/or developmental disorders who are most often subjected to restraint and seclusion measures.* In 2009 the United States Department of Health and Human Services issued a report emphasizing that the use of seclusion and restraint is ineffective, dangerous, and traumatic "*not only to the individuals subjected to these practices, but also for the staff implementing them.*"

Despite our 2015 law prohibiting restraint and seclusion, the Office of the Child Advocate reports as follows:

Restraint and Seclusion in Connecticut 2012-2017
1. **Each year in Connecticut there are more than 30,000 incidents of seclusion and restraint affecting between 2,500 and 3,000 students, primarily students with disabilities.**[1]
2. **The highest proportion of children who were restrained and secluded**

[1] 74% of students had 10 or fewer R/S incidents during the 2015-16 school year. Forty-six Students were restrained or secluded more than 100 times.

were in *elementary school.*

3. Children of color are disproportionately restrained and secluded.
4. Children are restrained and secluded as early as preschool.

Under SB 183, the definition of "physical restraint" would include "carrying or forcibly moving a person from one location to another." ACMH believes this change appropriately makes clear that forceful conduct is contained within the meaning of the statute. ACMH further supports the proposed prohibition against using seclusion as "a planned intervention in a student's treatment or educational plan." This clarification is necessary to end confusion that previously existed regarding whether seclusion could be permissibly included in a student's IEP.

SB 183 also proposes to define an "exclusionary time-out" as a "temporary, monitored separation of a student in a non-locked setting away from an ongoing activity for the purpose of calming or deescalating such student's behavior." While this definition should help school officials to distinguish a 'time out" from impermissible seclusion, ACMH believes there may need to be additional language so that a time out is carried out for its intended purpose, namely for a short duration of exclusion with monitoring. ACMH supports the additional language proposed by Sarah Eagan, the Child Advocate: *Time outs that remove a child from the classroom shall be conducted with the following requirements: 1) During time out, staff must remain with a student; 2) specific criteria must be set so that time out is terminated as soon as possible, allowing the student to safely re-enter the learning environment. If it appears that the use of time out exacerbates the student's behavior, or the use of time-out does not help the student, then other behavioral strategies and intervention should be attempted. If no approved strategies are successful, the educational team should convene a Planning and Placement Team meeting to determine alternative strategies based on an updated Functional Behavior Assessment and a revised Behavior Intervention Plan. The use of time out, including purpose and frequency, shall be documented in the child's educational record.* SB 183 does include a proposal, under new subsection 10-236b (s) for requiring boards of education to establish a policy regarding the use of an exclusionary time out which would cover several of the items listed in the proposed language above. However, the above items still may be appropriate to include in the definition of an "exclusionary time out."

While the proposed clarifications to Section 10-236b will help educators comply with its provisions, there also needs to be increased utilization by school officials of strategies that have been shown to reduce incidences of restraint and seclusion, including evidenced-based strategies such as Positive Behavioral Interventions and Supports, the Six Core Strategies, and related trauma informed supports. As stated by the Office of the Child Advocate in its 2015 report, "Restraint and Seclusion in CT Schools: A Call to Action," [p]rograms around the country that have utilized such strategies have seen a remarkable decrease in the use of aversive practices and problem behavior previously thought to necessitate the use of restraint and seclusion."

Clarification of existing law, as proposed, and us of alternative, positive strategies for changing student behavior will get where Connecticut needs to be—further reducing and hopefully eliminating the use of restraint and seclusion against children in schools.

Thank you for your time and attention.

Respectfully submitted,

Susan R. Kelley, JD
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Director of Children's Policy, NAMI Connecticut
ACMH is housed at NAMI Connecticut; NAMI Connecticut is a member participant and fiduciary for AMCH.

Organizations/individuals joining in the above testimony:

National Alliance on Mental Illness (NAMI), Connecticut
Empowering Children and Families
CT Juvenile Justice Alliance
AFCAMP
National Alliance of Social Workers, Connecticut chapter
Lori Clemente, Parent (Killingsworth)
Family Forward Advocacy CT

ACMH Member Participants

This list of member participants does not indicate that each organization or individual joins in the above ACMH testimony.

Connecticut Juvenile Justice Alliance (CTJJA)
CT Legal Services
CT Community Non Profit Alliance
Center for Children's Advocacy (CCA)
CT Voices for Children
Family Forward Advocacy CT
African Caribbean American Parents of Children with Disabilities (AFCAMP)
Connecticut Association of Foster and Adoptive Families (CAFAF)
National Alliance on Mental Illness, Connecticut (NAMI Connecticut)
National Association of Social Workers, Connecticut
Clifford Beers
Family and Children's Aid, Danbury
Dr. Irving Jennings, child psychiatrist, FCA
Child Guidance Center of Southern CT
The Village of Children and Families
Jesse Lewis Choose Love Foundation
Susan Graham, Family Champion and CONNECT consultant

Christine Rowan, Parent (Newtown)
Lori Clemente, Parent (Killingsworth)
Grace Grinnell, Parent (Canton)
David Marcus, Parent, Innovative Advocacy Solutions LLC
Connecticut Association of School Based Health Centers
Yale School of Public Health
Child Health and Development Institute (CHDI)
Child First
Office of the Child Advocate
Stamford Youth Services Bureau
Early Childhood Alliance
Empowering Children and Families
Kids in Crisis
Dr. Frank Fortunati, Yale
Academy of Child and Adolescent Psychiatry
CT Council Child and Adolescent Psychiatry